



Bureau for Intellectual Property
Curaçao

Request for a change of a proxy

Name of Applicant/Trademark Attorney:

Address:

P.O. Box number:

Country:

E-mail address:

Telephone number:

Registration number(s):

Trademark(s):

.....

Trademark holder

Name:

Address:

Postcode and Place:

Country:

- ☐ **Change of proxy**
- ☐ **Additional proxy**
- ☐ **Change of name and/or address proxy office**

Original proxy

Name:

Address:

Postcode and Place:

Country:

Curaçao,

Signature: Name:

If the space on the form is insufficient, please list the relevant information on an attachment